

44891-11

3/7/2013

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

MAR -7 2013

Mr. Erik Norrie
CEO for,
New Nautical Coatings, Inc.
14805 49th Street North
Clearwater, FL 33762

Subject: Sea Hawk Sharkskin Antifoulant Paint
EPA Registration Number 44891-11
Your Notification Dated January 24th, 2013
EPA Received Date February 5th, 2013

The notification referred to above, submitted in connection with registration under the Federal Insecticide, Fungicide, and Rodenticide Act(FIFRA), as amended, to update and revise the Storage and Disposable labeling language, is acceptable.

The notification has been made part of your registration file.

If you have any questions concerning this letter, please contact Karen M. Leavy-Munk at (703)-308-6237.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Swindell".

Marshall Swindell
Product Manager 33
Regulatory Management Branch I
Antimicrobial Division(7510P)



United States
Environmental Protection Agency
Washington, DC 20460

Registration
Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

| | | |
|---|--|---|
| 1. Company/Product Number 44891-11 | 2. EPA Product Manager Marshall Swindell | 3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Sea Hawk Sharkskin Anti-fouling Paint | PM# | |
| 5. Name and Address of Applicant (Include ZIP Code) New Nautical Coatings, Inc. 14805 49th Street North Clearwater, FL 33762 <input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 2(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____ | |

Section - II

| | |
|--|--|
| <input type="checkbox"/> Amendment - Explain below. | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application. |
| <input checked="" type="checkbox"/> Notification - Explain below. | <input type="checkbox"/> Other - Explain below. |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

"Notification of label change per PR Notice 2007-4. This notification is consistent with the guidance in PR Notice 2007-4 and the requirements of EPA's regulations at 40 CFR 156.10, 156.140, 156.144, 156.146, and 156.156. No other changes have been made to the labeling or the Confidential Statement of Formula for this product."

Section - III

| | | | | | |
|---|---|--|-----------------------|---|----------------------------------|
| 1. Material This Product Will Be Packaged In: | | | | 2. Type of Container | |
| Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Metal | <input type="checkbox"/> Plastic |
| * Certification must be submitted | If "Yes" Unit Packaging wgt. | No. per container | If "Yes" Package wgt. | <input type="checkbox"/> Glass | <input type="checkbox"/> Paper |
| | | | | <input type="checkbox"/> Other (Specify) _____ | |
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(s) Retail Container | | 5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product | |
| 6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled | | | | <input type="checkbox"/> Other _____ | |

Section - IV

| | | | | | |
|--|--|--------------------|--|---|--|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | | | | |
| Name Erik Norrie | | Title CEO | | Telephone No. (Include Area Code) _____-_____-_____-_____-_____-_____- | |
| Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | | | | 6. Date Application Received (Stamped) _____ _____ _____ |
| 2. Signature | | 3. Title CEO | | | |
| 4. Typed Name Erik Norrie | | 5. Date 1-23-13 | | | |

